

# FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT



1.	This filing transmittal is part of Company Tracking #	HO AR0616101R01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. <b>Hanover American Insurance Company</b>	B.	0088-36064

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 4.0000	B.	4.0000

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
HO 2, 3	8.7%	2.2%					
HO 4	N/A	N/A					
HO 6	N/A	N/A					
TOTAL OVERALL EFFECT	8.5%	2.2%					

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2001	489	8.9%	11/1/2001	175	63	36.1%	43.6%
2002	1,054	7.0%	11/1/2002	492	156	31.7%	55.6%
2003	1,174	5.2%	11/1/2003	685	359	52.4%	46.3%
2004	1,292	4.0%	11/1/2004	811	235	29.0%	74.9%
2005	1,466	5.2%	11/1/2005	943	220	23.4%	217.1%

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 4.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
10. -5.7% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): \_\_\_\_\_